

A-2

HEALTH STATUS

RASYSYSTEM TRANSFER .M

Transferring
Facility:

Bibb

Name:

Pugh, Cedric

Number:

182373

Race: (B) W H Other

Age: 23

Date of Birth:

Sex: (M) F

Allergies:

Food Handler Approved: (Y) N

Current Acute Conditions/Problems:

None

Chronic Conditions/ Problems:

None

Current Medications - Name, Dosage, Frequency, Duration:

Acute Short-term Medications:

None

Chronic Long-term Medications:

None

Chronic Psychotropic Medications:

None

Current Treatments:

Follow-up Care Needed:

Last PPD: 7-1-99 Results 0 mms

Last Physical: 6/29/99

Chronic Clinics:

None

Specialty Referrals:

None

Significant Medical History:

plus 0 medical problems or % @ this time

Physical Disabilities/Limitations:

Assistive Devices/Prosthetics:

None

Glasses:

No

Contacts:

No

Mental Health History/Concerns:

Substance Abuse: Y/N

Alcohol: Y/N

Drugs: Y/N

0

Hx Suicide Attempt: Date: -/-/-

0

Hx Psychotropic Medication

0

Previous Psychiatric Hospitalizations

Signature and Title

Date: 10, 5, 99

TRANSFER RECEPTION SCREENING

Date: 5/19/00 Time: AM PM

S: Current Complaint: none

Current Medications/Treatment:

None

O: Physical Appearance/Behavior:

normal

Behavior: calm-cooperative

Deformities: Acute/Chronic:

T 91 P 7 R 16 B/P 110/70

A:

spo2 97%

Receiving
Facility:

Donabson

P: Disposition: (Instructions: Check or circle as appropriate)

Routine, Sick Call

Instructions Given

Emergency Referral

HIV/TB Instruction Given

Physician Referral:

Urgent / Routine

Medication Evaluation

Work/Program Limits

Special Housing

Specialty Referrals

Chronic Clinics

Mental Health

OTHER

Infirmary Placement

Other:

D. H. H. H. H.

INTRASYSTEM TRANSFER FORM

HEALTH STATUS

Transferring Facility: VENTRESSDate: 10/29/98Time: AM PMAllergies: NKACurrent Acute Conditions/Problems: 0Chronic Conditions/ Problems: 0

Current Medications - Name, Dosage, Frequency, Duration:

Acute Short-term Medications: 0Chronic Long-term Medications: 0Chronic Psychotropic Medications: 0Current Treatments: 0Follow-up Care Needed: 0Last PPD: 7-30-98 Results 0 mmsChronic Clinics: 0Last Physical: 7/30/98Specialty Referrals: 0Significant Medical History: 0Physical Disabilities/Limitations: 0Assistive Devices/Prosthetics: 0

Mental Health History/Concerns:

Substance Abuse: Y/NAlcohol: Y/NDrugs: Y/NHx Suicide Attempt Date: 1/1

Hx Psychotropic Medication

Previous Psychiatric Hospitalizations

Signature and Title: N. Burks, R.N. Date: 10.29.98

TRANSFER RECEPTION SCREENING

Date: 10/29/98 Time: 1720 AM PMS: Current Complaint: None

Current Medications/Treatment:

None 192#

O: Physical Appearance/Behavior:

Q over R am intact

Deformities: Acute/Chronic:

T 99 P 84 R 20 B/P 140/82A: New inmate screenReceiving Facility: BBCF

P: Disposition: (Instructions: Check or circle as appropriate)

- ☐ Routine Sick Call
- ☐ Instructions Given
- ☐ Emergency Referral
- ☐ HIV/TB Instruction Given
- ☐ Physician Referral:
- ☐ Urgent / Routine
- ☐ Medication Evaluation
- ☐ Work/Program Limitation
- ☐ Special Housing
- ☐ Specialty Referrals
- ☐ Chronic Clinics
- ☐ Mental Health
- ☐ OTHER
- ☐ Infirmity Placement

Other:

Signature and Title: [Signature]

CORRECTIONAL MEDICAL SERVICES

INTERDISCIPLINARY PROGRESS NOTES

Patient Name _____

Pugh, Cedric

I.D. #

182373

Institution

VCF

[illegible]

CORRECTIONAL MEDICAL SERVICES

INTERDISCIPLINARY PROGRESS NOTES

Patient
Name _____

Pugh, Cedric

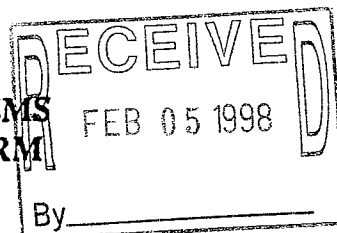
I.D. #

182373

Institution

VLF

DATE	TIME	NOTES	SIGNATURE
01/20/98	1300	<p>REC'D DUC</p> <p>S- "I need a shaving profile. My face breaks out."</p> <p>O- B/M to HCU requesting shaving profile</p> <p>Slight facial irritation noted 5 a.m. clippers.</p> <p>A - Impaired Skin Integrity</p> <p>P - Shaving profile denied - L.N. (R)</p>	

CORRECTIONAL MEDICAL SYSTEMS
HEALTH SERVICES REQUEST FORMPrint Name: Cedric Pugh Date of Request: 2-05-98ID #: 182373 Date of Birth: [REDACTED] Housing Location: 6A-27T

Nature of problem or request: I need to get something for shaving
bumps, I've tried razors and shaving powder and
both of them break me out it's very irritating
Thank You

I consent to be treated by health staff for the condition described.

Cedric Pugh
 SIGNATURE

PLACE THIS SLIP IN MEDICAL BOX OR DESIGNATED AREA
 DO NOT WRITE BELOW THIS AREA

HEALTH CARE DOCUMENTATION

Subjective: "I need a shaving profile. I'm allergic
to the shaving powder and razor."

Objective: BP 112/80 P 68 R 22 T 98° WT: 198

Very small number of bumps noted to face. & redne
edema, noted. & signs of irritation noted @ this
time

Assessment:

Request shaving profile
 Plan: Inmate education given. Advised to report to
HCU clearly shaven to discuss profile.

Refer to: PA/Physician Mental Health Dental

Signature: C. Thompson Title: LPN Date: 2-5-98 Time: 2047

**CORRECTIONAL MEDICAL SYSTEMS
HEALTH SERVICES REQUEST FORM**

NOV 25 1997

Print Name: CERIC PUGH Date of Request: 11/24/97

ID #: 182373 Date of Birth: [REDACTED] Housing Location: 8-B

Nature of problem or request: I have an bad tooth ake. I want
to get it pull too.

I consent to be treated by health staff for the condition described.

CERIC PUGH
SIGNATURE

**PLACE THIS SLIP IN MEDICAL BOX OR DESIGNATED AREA
DO NOT WRITE BELOW THIS AREA**

HEALTH CARE DOCUMENTATION

Subjective:

Objective: BP _____ P _____ R _____ T _____

Assessment:

Plan: January 7th ext?

Refer to: _____ PA/Physician _____ Mental Health _____ Dental

Signature: D. Moore Title: B.A. Date: 11/26/97 Time: _____

NAME _____	AIS# _____
DATE _____	FACILITY _____
SIG. _____	DISCONTINUE
	CONTINUE
	INCREASE
Physician Signature: _____	DECREASE

NAME <u>Pugh, Cedric</u>	AIS# <u>182373</u>
DATE <u>10-20-97</u>	FACILITY <u>Ventress</u>
SIG. (1) Advil 200mg $\frac{1}{1}$ PO TID x 7 days (2) Pen VK 500mg PO TID x 7 days (3) Sign up for Dental screening Phone Order: Dr. Siddig / J. Smith	DISCONTINUE CONTINUE INCREASE DECREASE
Physician Signature: _____	noted J. Smith

NAME <u>Pugh, Cedric</u>	AIS# <u>182373</u>
DATE <u>10-20-97</u>	FACILITY <u>Ventress</u>
SIG. Advil 200mg $\frac{1}{1}$ PO TID x 7 days Pen VK 500mg PO TID x 7 days Sign up for Dental screening Wed. 10/22/97 Phone Order: Dr. West / J. Smith	DISCONTINUE CONTINUE INCREASE DECREASE
Physician Signature: _____	noted J. Smith

NAME <u>Pugh, Cedric</u>	AIS# <u>182373</u>
DATE <u>8/27/95</u> 3A & 6p N/A	FACILITY <u>Kilby</u>
SIG. 1. Motrin 600mg Bis x 5 days 2. Robaxin 1000mg Bis x 7 days	DISCONTINUE CONTINUE
Physician Signature: <u>U/O Dr. Mac</u>	

INTRASYSTEM TRANSFER FORM

HEALTH STATUS

Transferring Facility: KCFName: Pugh, Cedric
Number: 182373 Race: (B) W H Other
Age: _____ Date of Birth: [REDACTED] Sex: (M) FDate: 9/16/97Time: 1710 AM PMAllergies: NKDA

Food Handler Approved: Y / N

Current Acute Conditions/Problems: uses tobaccoChronic Conditions/ Problems: NA

Current Medications - Name, Dosage, Frequency, Duration:

Acute Short-term Medications: NAChronic Long-term Medications: NAChronic Psychotropic Medications: NACurrent Treatments: NAFollow-up Care Needed: NALast PPD: 8/20/97 Results: 0 mmsLast Physical: 8/20/97Chronic Clinics: NASpecialty Referrals: NASignificant Medical History: NA

Physical Disabilities/Limitations: _____

Assistive Devices/Prosthetics: _____

Glasses: N Contacts: N

Mental Health History/Concerns:

Substance Abuse: (Y) / NAlcohol: (Y) / NDrugs: (Y) / NHx Suicide Attempt: Date: 1/1/

Hx Psychotropic Medication

Previous Psychiatric Hospitalizations

Signature and Title: [Signature] Date: 9/16/97

TRANSFER RECEPTION SCREENING

Date: 9/17/97 Time: 1305 AM PMS: Current Complaint: NoneCurrent Medications/Treatment: NoneO: Physical Appearance/Behavior: Amputatory
2 study gait A30X33 CooperationDeformities: Acute/Chronic: Stab wound9/97 - bullet scar Rt Occipital AreaT 99 P 88 R 20 B/P 140/76 WT 194A: ADL'S WNLReceiving Facility: Ventura

P: Disposition: (Instructions: Check or circle as appropriate)

- ☒ Routine, Sick Call
- ☐ Instructions Given
- ☐ Emergency Referral
- ☐ HIV/TB Instruction Given
- ☐ Physician Referral:
- ☐ Urgent / Routine
- ☐ Medication Evaluation
- ☐ Work/Program Limitation
- ☐ Special Housing
- ☐ Specialty Referrals
- ☐ Chronic Clinics
- ☐ Mental Health
- ☐ OTHER
- ☐ Infirmary Placement

Other: _____

Signature and Title: [Signature]

NAME _____	AIS# _____
DATE _____	FACILITY _____
SIG. _____	DISCONTINUE CONTINUE INCREASE DECREASE
Physician Signature: _____	

NAME _____	AIS# _____
DATE _____	FACILITY _____
SIG. _____	DISCONTINUE CONTINUE INCREASE DECREASE
Physician Signature: _____	

NAME _____	AIS# _____
DATE _____	FACILITY _____
SIG. _____	DISCONTINUE CONTINUE INCREASE DECREASE
Physician Signature: _____	

NAME <u>Pugh Cedric</u>	AIS# <u>1823 23</u>
DATE <u>8/20/97</u>	FACILITY <u>KCF</u>
SIG. <u>Mental Health Referral</u> <u>8/20/97</u> <u>G. T. Clark</u>	DISCONTINUE CONTINUE INCREASE DECREASE
Physician Signature: <u>[Signature]</u>	

CORRECTIONAL MEDICAL SERVICES
HEALTH SERVICES REQUEST FORM

Print Name: Cedric Pugh Date of Request: 8/26/97
ID #: 182373 Date of Birth: [REDACTED] Housing Location: G-76
Nature of problem or request: Stomach + back pains

I consent to be treated by health staff for the condition described.

Cedric Pugh
SIGNATURE

PLACE THIS SLIP IN MEDICAL BOX OR DESIGNATED AREA
DO NOT WRITE BELOW THIS AREA

HEALTH CARE DOCUMENTATION

Subjective: Back pain

Objective: BP 140/80 P 88 R 20 T 98° 194 Lbs

assessments little = series any old injury
BCU's from waist well 5 problem sets
was playing Basketball yesterday
Assessment: Back ache

Plan: meds mobility

Refer to: PA/Physician Mental Health Dental

Signature: [Signature] Title: [Signature] Date: 8/26/97 Time: 0620

II

Facility Name: <u>Elmwood</u>		Month/Year of Charting: <u>03/06</u>																														
		Hour	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
Zosyn 3.375mg IV q 6 hrs x 2 days (48°)	6A																															
	12A																															
	6P																															
	12P																															
		Start Date: <u>03/09/06</u>										Prescriber: <u>Dr. Pleasant</u>																				
		Stop Date: <u>03/11/06</u>										RX #:																				
Bactrim DS PO Bid x 10 days	6A																															
	6P																															
		Start Date: <u>3/10/06</u>										Prescriber: <u>Santhi exp</u>																				
		Stop Date: <u>3/20/06</u>										RX #:																				
Rifampin 300mg PO Bid x 10 days	6A																															
	6P																															
		Start Date: <u>3/10/06</u>										Prescriber: <u>Santhi exp</u>																				
		Stop Date: <u>3/20/06</u>										RX #:																				
GENTAMICIN 80mg IM q 8h x 3 doses DRAW Peak & Trough = 3rd dose	2A																															
	10A																															
	6P																															
		Start Date: <u>3/10/06</u>										Prescriber: <u>Dr. Pleasant</u>																				
		Stop Date: <u>3/11/06</u>										RX #:																				
PEAK & TROUGH = 3rd dose ON 3/11/06 (5:45pm - 8:00pm)	5:45p																															
	6:00p																															
	8:00p																															
		Start Date:										Prescriber:																				
		Stop Date:										RX #:																				
Keftiv 500mg TID x 10 days	6A																															
	11																															
	6P																															
		Start Date: <u>3/15/06</u>										Prescriber: <u>Pleasant</u>																				
		Stop Date: <u>3/25/06</u>										RX #:																				

Diagnosis	Nurse's Signature	Initial	Nurse's Signature	Initial	Documentation Codes
Allergies: <u>NKA</u>	<u>[Signature]</u>	<u>[Initial]</u>	<u>[Signature]</u>	<u>[Initial]</u>	1. Discontinued Order
Housing Unit:					2. Refused
Patient ID Number: <u>18 2343</u>					3. Patient out of facility
Patient Name: <u>Pamela P. Davis</u>					4. Charted in Error
					5. Lock Down
					6. Self Administered
					7. Medication out of Stock
					8. Medication Held
					9. No Show
					10. Other
			Date of Birth:	<u>09/01/05</u>	

Facility Name: <u>Calmore</u>		Month/Year of Charting: <u>3/06</u>																													
Keflex 500mg PO q6h x 10 days	Hour	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
	6A	6A																													
	12N	12N																													
	CH	Start Date: <u>2/23/06</u> Prescriber: <u>Peasant</u> Stop Date: <u>3/05/06</u> RX #:																													
Keflex 500mg T PO QID x 4 (d)	Hour	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
	6A	6A																													
	12N	12N																													
	CH	Start Date: <u>3-2-06</u> Prescriber: <u>J. Peasant, MD</u> Stop Date: <u>3-7-06</u> RX #:																													
Motrin 800mg PO TID x 15 (d)	Hour	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
	6A	6A																													
	12N	12N																													
	CH	Start Date: <u>3-2-06</u> Prescriber: <u>J. Peasant, MD</u> Stop Date: <u>3-17-06</u> RX #:																													
Lortab 5mg ii PO q4h PRN (Pain) x 12 (days)	Hour	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
	6A	6A																													
	12N	12N																													
	CH	Start Date: <u>3-2-06</u> Prescriber: <u>J. Peasant, MD</u> Stop Date: <u>3-6-06</u> RX #:																													
Keep Rt Hand Elevated	Hour	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
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	12N	12N																													
	CH	Start Date: <u>3/2/06</u> Prescriber: <u>J. Peasant</u> Stop Date:																													
Zosyn 3.375mg IV q6h x 3d NS @ 75cc / hr	Hour	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
	6A	6A																													
	12N	12N																													
	CH	Start Date: <u>03/06/06</u> Prescriber: <u>Dr. Peasant</u> Stop Date: <u>03/08/06</u> RX #:																													
Diagnosis	N/A																														
Allergies	N/A																														
Housing Unit:	ECC																														
Patient ID Number:	182373																														
Patient Name:	Diana Pedraza																														

Facility Name: <u>Elimore</u>		Month/Year of Charting: <u>2/06</u>																													
Hour	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	
Keftiv 500mg po q6 ^h x 10 days	6																														
	6																														
	12am																														
Start Date: <u>2/23/06</u>		Prescriber: <u>Reasant</u>																													
Stop Date: <u>3/05/06</u>		RX #:																													
Lortab 5/500 ti po q4 ^h prn pain x 3 days	1600																														
Start Date: <u>2/23/06</u>		Prescriber: <u>Reasant</u>																													
Stop Date: <u>2/26/06</u>		RX #:																													
Metron 800mg po q8 ^h prn x 3 days	1600																														
Start Date: <u>2/23/06</u>		Prescriber: <u>Reasant</u>																													
Stop Date: <u>2/26/06</u>		RX #:																													
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Diagnosis	Nurse's Signature		Initial	Nurse's Signature		Initial	Documentation Codes																								
Allergies <u>NKA</u>	<u>Smiller - JD</u>						1. Discontinued Order 2. Refused 3. Patient out of facility 4. Charted in Error 5. Lock Down 6. Self Administered 7. Medication out of Stock 8. Medication Held 9. No Show 10. Other																								
Housing Unit:																															
Patient ID Number: <u>182373</u>																															
Patient Name: <u>Pugh C. Lina</u>																															
Date of Birth: <u>02.21.75</u>																															

Facility Name: Elmore Correctional Facility		Month/Year of Charting: 11/05																																									
Ranitidine HCl 150MG Tab 60.00 Take 1 tablet(s) by mouth twice daily	Hour	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30												
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Facility Name: Elmore Correctional Facility										Month/Year of Charting: 10/05																			
Ranitidine HCl 150MG Tab 60.00																													
Take 1 tablet(s) by mouth twice daily																													
KOP																													
b2										Start Date: 06-29-2005										Prescriber: Peasant, John									
										Stop Date: 11-15-2005										RX #: 250082941									
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6p																													
HETZ 25mg + PO																													
9D																													
KOP																													
b2										Start Date: 8/15/05										Prescriber:									
										Stop Date: 11/15/05										RX #:									
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Motrin 600mg + PO																													
TID x 3d																													
b2										Start Date: 10-4-05										Prescriber: Wright									
										Stop Date: 10-7-05										RX #:									
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Stop Date:										RX #:																			
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Facility Name: Elmore Correctional Facility		Month/Year of Charting: 09/05																														
Ranitidine HCl 150MG Tab 60.00 Take 1 tablet(s) by mouth twice daily	Hour	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
	6a																															
	6p																															
Start Date: 06-29-2005		Prescriber: Peasant, John																														
Stop Date: 11-15-2005		RX #: 250082941																														
HCTZ 25mg ip qd	Hour	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
	6a																															
	Cedric Pugh																															
	9-13-05																															
Start Date: 8-15-05		Prescriber:																														
Stop Date: 11-15-05		RX #: 250082941																														
	Hour	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Start Date:		Prescriber:																														
Stop Date:		RX #:																														
	Hour	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Start Date:		Prescriber:																														
Stop Date:		RX #:																														
	Hour	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Start Date:		Prescriber:																														
Stop Date:		RX #:																														
	Hour	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Start Date:		Prescriber:																														
Stop Date:		RX #:																														
Diagnosis	Nurse's Signature		Initial	Nurse's Signature		Initial	Documentation Codes 1 Discontinued Order 2 Refused 3 Patient out of facility 4 Charted in Error 5 Lock Down 6 Self Administered 7 Medication out of Stock 8 Medication Held 9 No Show 10 Other																									
Allergies	NKA		Initial	Initial																												
Housing Unit:	Population																															
Patient ID Number:	182373																															
Patient Name:	Pugh, Cedric			Date of Birth:																												

Facility Name: Elmore Correctional Facility											Month/Year of Charting: 08/05																													
Hour	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30										
Ranitidine HCl 150MG Tab 60.00											<div>08/05</div> <div>06-29-2005</div> <div>11-15-2005</div> <div>Prescriber: Peasant, John</div> <div>RX #: 250082941</div>																													
Take 1 tablet(s) by mouth twice daily																																								
KCP																																								
HCTZ 25MG Tab 30.00											<div>08/05</div> <div>06-29-2005</div> <div>11-15-2005</div> <div>Prescriber: Peasant, John</div> <div>RX #: 250082945</div>																													
Take 1 tablet(s) by mouth daily											D/C 8/12/05																													
KCP																																								
											<div>Start Date:</div> <div>Stop Date:</div> <div>Prescriber:</div> <div>RX #:</div>																													
											<div>Start Date:</div> <div>Stop Date:</div> <div>Prescriber:</div> <div>RX #:</div>																													
											<div>Start Date:</div> <div>Stop Date:</div> <div>Prescriber:</div> <div>RX #:</div>																													
											<div>Start Date:</div> <div>Stop Date:</div> <div>Prescriber:</div> <div>RX #:</div>																													
											<div>Start Date:</div> <div>Stop Date:</div> <div>Prescriber:</div> <div>RX #:</div>																													
Diagnosis											Nurse's Signature										Initial										Documentation Codes									
Allergies NKDA																					Mameth										MD									
Housing Unit: Population																																								
Patient ID Number: 182373																																								
Patient Name: Push, Cedric																																								

MEDICATION ADMINISTRATION RECORD

STD01

MEDICATIONS		HOUR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28
Morphine 150mg po BID	WA																													
	OP																													
5-20-05 → 11-15-05 HCTZ 25mg po qd	KCP																													
	WA																													
5-20-05 → 11-15-05	KCP																													
	WA																													
	KCP																													
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	WA																													
	KCP																													

NURSE'S ORDERS, MEDICATION NOTES, AND INSTRUCTIONS ON REVERSE SIDE

CHARTING FOR 7-1-08

THROUGH 7-30-05

Physician Reascent

Alt. Physician:

Telephone No

Medical Record ↑

Alt Telephone

ergies **NKDA**

Rehabilitative
Potential

Diagnosis

Medicaid Number

Medicare Number

Complete Entries Checked:

By _____

Title

Date: _____

PATIENT
Dinah Cordrie

PATIENT CODE
102273

ROOM NO

BED	FACH
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MEDICATION ADMINISTRATION RECORD

06/01/2005

STD01

(BBB-436) BIBB CORRECTIONAL FAC

[illegible]

NURSE'S ORDERS, MEDICATION NOTES, AND INSTRUCTIONS ON REVERSE SIDE

CHARTING FOR	06/01/2005	THROUGH	06/30/2005
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Physician **HAMBY, N. P., DEBBIE**

Telephone No. _____

Medical Record #

Alt. Physician	Alt. Telephone
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Alt. Telephone

allergies NO KNOWN DRUG ALLERGY

Rehabilitative
Potential

Diagnosis

Medicaid Number

Medicare Number

Complete Entries Checked:

By: WDP

Title: Lpn

Date: 5-7

PATIENT

PUGH DEBRIC

PATIENT CODE

ROOM NO.

BED	FACI
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1. *Systemic Review*

[illegible]

9A

9A

30

5/19/05 - 11/19/05 Whitley Jar

MEDICATIONS		HOUR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28
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NURSE'S ORDERS, MEDICATION NOTES, AND INSTRUCTIONS ON REVERSE SIDE

THROUGH 5/31/05

Telephone No. _____

Medical Record N

Alt. Physicien

Alt. Telephone

Energies

Rehabilitative
Potential

Diagnosis

Medicaid Number

Medicare Number

Complete Entries Checked:

By:

Title:

Date: 5/18/

PATIENT Pugh Cedric

PATIENT CODE _____

ROOM NO.

DATE	10
BED	TEACH

12313

21

STD01

[illegible]

NURSE'S ORDERS, MEDICATION NOTES, AND INSTRUCTIONS ON REVERSE SIDE			
CHARTING FOR 4/14		THROUGH 4/30	
Physician Whitley		Telephone No	Medical Record
Alt Physician		Alt Telephone	
Allergies NKDA		Rehabilitative Potential	

Diagnosis				
Medicaid Number	Medicare Number	Complete Entry Checked	By: <u>E. Chidress</u> Title: _____	
PATIENT	PATIENT CODE	ROOM NO	BED	FACTOR

MEDICATION ADMINISTRATION RECORD

01/01/2005

(BBB-456) BIBB CORRECTIONAL FAC

STD01

[illegible]

NURSE'S ORDERS, MEDICATION NOTES, AND INSTRUCTIONS ON REVERSE SIDE

CHARTING FOR 01/01/2005

THROUGH

01/31/2005

Physician WHITLEY, M. D., JAMES P

Telephone No.

Medical Record

Alt. Physician

Alt. Telephone	
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_____ NONE KNOWN

Rehabilitative
Potential

Diagnosis

Medicaid Number

Medicare Number

Complete Entries Checked:

By:

Title:

Date: _____

PATIENT	
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PATIENT CODE

ROOM NO.

BED	FAC
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MEDICATION ADMINISTRATION RECORD

12/01/2004

STD01

(BBB-456) BIBB CORRECTIONAL FAC

MEDICATIONS		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28
ENALAPRIL (VASOTEC) 5MG TAB																													
TAKE 1 TABLET(S) BY MOUTH DAILY																													
RX: 5994765 WHITLEY, M.D., JAMES P, MD																													
START - 07/30/2004 STOP - 01/25/2005																													

NURSE'S ORDERS, MEDICATION NOTES, AND INSTRUCTIONS ON REVERSE SIDE

CHARTING FOR	12/01/2004	THROUGH	12/31/2004
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Physician WHITLEY, M.D., JAMES F

Alt. Physician

Telephone No

Medical Record #

Ait. Telephone

ALLERGIES NONE KNOWN

Rehabilitative
Potential

Diagnosis

Medicaid Number

Medicare Number

Complete Entries Checked:

By:

Title:

PATIENT

PATIENT CODE

ROOM NO

Date:

BED	FACI
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MEDICATION ADMINISTRATION RECORD

11/01/2004

STD01

(BBB-456) BIBB CORRECTIONAL FAC

MEDICATIONS		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28
ENALAPRIL (VASOTEC) 5MG TAB																													
TAKE 1 TABLET(S) BY MOUTH DAILY																													
RX: 5794765 WHITLEY, M.D., JAMES P, MD																													
START - 07/30/2004 STOP - 01/25/2005																													

NURSE'S ORDERS, MEDICATION NOTES, AND INSTRUCTIONS ON REVERSE SIDE

CHARTING FOR	11/01/2004	THROUGH	11/30/2004
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Physician WHITLEY, H. D. , JAMES P

Telephone No. _____

Medical Record N

Alt. Physician

Alt. Telephone

None Known

Rehabilitative
Potential

Diagnosis

Medicaid Number

Medicare Number

Complete Entries Checked

By:

Title:

PATIENT

PATIENT CODE

ROOM NO

Date: 01

FILE, FORT:

PATIENT CODE

ROOM NO

Date: 01

MEDICATION ADMINISTRATION RECORD

10/01/2004

STDY01

(BBB-456) BIBB CORRECTIONAL FAC

[illegible]

NURSE'S ORDERS, MEDICATION NOTES, AND INSTRUCTIONS ON REVERSE SIDE

CHARTING FOR		10/01/2004	THROUGH	10/31/2004
Physician	WHITLEY, R.D., JAMES P			Telephone No.
Alt. Physician				Alt. Telephone
Allergies	NONE KNOWN			Rehabilitative Potential

Diagnosis

Medicaid Number	Medicare Number	Complete Entries Checked:				
		By: T. Melton	Title: LPN	Date: 10/2		
PATIENT			PATIENT CODE	ROOM NO	BED	FACILITY

MEDICATION ADMINISTRATION RECORD

07/01/2004

(B98-454) BIBB CORRECTIONAL FAC

STD01

[illegible]

NURSE'S ORDERS, MEDICATION NOTES, AND INSTRUCTIONS ON REVERSE SIDE

CHARTING FOR		09/01/2004	THROUGH	09/30/2004
Physician	WHITLEY, M.D., JAMES P			Telephone No
Alt. Physician				Alt. Telephone
Allergies	NONE KNOWN			Rehabilitative Potential

Diagnosis

Medicaid Number	Medicare Number	Complete Entries Checked:			
		By: <i>B. Keller</i>	Title: <i>UPN</i>	Date: <i>8/29</i>	
PATIENT		PATIENT CODE	ROOM NO.	BED	FAC

MEDICATION ADMINISTRATION RECORD

STDTC1

[illegible]

NURSE'S ORDERS, MEDICATION NOTES, AND INSTRUCTIONS ON REVERSE SIDE

CHARTING FOR

Physician

Alt. Physician

Allergies

Diagnosis

Medicaid Number

Medicare Number

Complete Entries Checked:

By:

Title

Date _____

PATIENT

PATIENT CODE

ROOM NO.

3RD	EACH
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Each

MEDICATION ADMINISTRATION RECORD

07/01/2004

STD01

(BBB-456) BIBB CORRECTIONAL FAC

[illegible]

MEDICATION ADMINISTRATION RECORD

06/01/2004

(RBB-456) BIBB CORRECTIONAL FAC

STD01

[illegible]

NURSE'S ORDERS, MEDICATION NOTES, AND INSTRUCTIONS ON REVERSE SIDE

CHARTING FOR	06/01/2004
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THROUGH

06/30/2004

Physician WHITLEY, H. D., JAMES P

Alt Physician

Telephone No. _____

Medical Record M

Allergies NONE KNOWN

Alt. Telephone

Rehabilitative Potential

Diagnosis

Medicaid Number

Medicare Number

Complete Entries Checked.

By: B Kelley

Title: *Qp*

PATIENT CODE
182375

ROOM NO

Date: 5/3

RED LEAD

PATIENT	DATE	TIME	TEST	RESULT
1	10/10/10	10:00	1000	1000
2	10/10/10	10:05	1000	1000
3	10/10/10	10:10	1000	1000
4	10/10/10	10:15	1000	1000
5	10/10/10	10:20	1000	1000
6	10/10/10	10:25	1000	1000
7	10/10/10	10:30	1000	1000
8	10/10/10	10:35	1000	1000
9	10/10/10	10:40	1000	1000
10	10/10/10	10:45	1000	1000
11	10/10/10	10:50	1000	1000
12	10/10/10	10:55	1000	1000
13	10/10/10	11:00	1000	1000
14	10/10/10	11:05	1000	1000
15	10/10/10	11:10	1000	1000
16	10/10/10	11:15	1000	1000
17	10/10/10	11:20	1000	1000
18	10/10/10	11:25	1000	1000
19	10/10/10	11:30	1000	1000
20	10/10/10	11:35	1000	1000
21	10/10/10	11:40	1000	1000
22	10/10/10	11:45	1000	1000
23	10/10/10	11:50	1000	1000
24	10/10/10	11:55	1000	1000
25	10/10/10	12:00	1000	1000
26	10/10/10	12:05	1000	1000
27	10/10/10	12:10	1000	1000
28	10/10/10	12:15	1000	1000
29	10/10/10	12:20	1000	1000
30	10/10/10	12:25	1000	1000
31	10/10/10	12:30	1000	1000
32	10/10/10	12:35	1000	1000
33	10/10/10	12:40	1000	1000
34	10/10/10	12:45	1000	1000
35	10/10/10	12:50	1000	1000
36	10/10/10	12:55	1000	1000
37	10/10/10	13:00	1000	1000
38	10/10/10	13:05	1000	1000
39	10/10/10	13:10	1000	1000
40	10/10/10	13:15	1000	1000
41	10/10/10	13:20	1000	1000
42	10/10/10	13:25	1000	1000
43	10/10/10	13:30	1000	1000
44	10/10/10	13:35	1000	1000
45	10/10/10	13:40	1000	1000
46	10/10/10	13:45	1000	1000
47	10/10/10	13:50	1000	1000
48	10/10/10	13:55	1000	1000
49	10/10/10	14:00	1000	1000
50	10/10/10	14:05	1000	1000
51	10/10/10	14:10	1000	1000
52	10/10/10	14:15	1000	1000
53	10/10/10	14:20	1000	1000
54	10/10/10	14:25	1000	1000
55	10/10/10	14:30	1000	1000
56	10/10/10	14:35	1000	1000
57	10/10/10	14:40	1000	1000
58	10/10/10	14:45	1000	1000
59	10/10/10	14:50	1000	1000
60	10/10/10	14:55	1000	1000
61	10/10/10	15:00	1000	1000
62	10/10/10	15:05	1000	1000
63	10/10/10	15:10	1000	1000
64	10/10/10	15:15	1000	1000
65	10/10/10	15:20	1000	1000
66	10/10/10	15:25	1000	1000
67	10/10/10	15:30	1000	1000
68	10/10/10			

PUGH, CEDRIC

MEDICATION ADMINISTRATION RECORD

STD01

[illegible]

NURSE'S ORDERS, MEDICATION NOTES, AND INSTRUCTIONS ON REVERSE SIDE

CHARTING FOR

Physician Whitley
Alt. Physician

Alt. Physician

Allergies NKHA

Telephone No. _____

Alt Telephone

Medical Record N:

Rehabilitative
Potential

Diagnosis

Medicaid Number

Medicare Number

Complete Entries Checked:

By:

Title:

Date:

PATIENT

PATIENT CODE

ROOM NO.

1	RED	EACH
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1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100	101	102	103	104	105	106	107	108	109	110	111	112	113	114	115	116	117	118	119	120	121	122	123	124	125	126	127	128	129	130	131	132	133	134	135	136	137	138	139	140	141	142	143	144	145	146	147	148	149	150	151	152	153	154	155	156	157	158	159	160	161	162	163	164	165	166	167	168	169	170	171	172	173	174	175	176	177	178	179	180	181	182	183	184	185	186	187	188	189	190	191	192	193	194	195	196	197	198	199	200	201	202	203	204	205	206	207	208	209	210	211	212	213	214	215	216	217	218	219	220	221	222	223	224	225	226	227	228	229	230	231	232	233	234	235	236	237	238	239	240	241	242	243	244	245	246	247	248	249	250	251	252	253	254	255	256	257	258	259	260	261	262	263	264	265	266	267	268	269	270	271	272	273	274	275	276	277	278	279	280	281	282	283	284	285	286	287	288	289	290	291	292	293	294	295	296	297	298	299	300	301	302	303	304	305	306	307	308	309	310	311	312	313	314	315	316	317	318	319	320	321	322	323	324	325	326	327	328	329	330	331	332	333	334	335	336	337	338	339	340	341	342	343	344	345	346	347	348	349	350	351	352	353	354	355	356	357	358	359	360	361	362	363	364	365	366	367	368	369	370	371	372	373	374	375	376	377	378	379	380	381	382	383	384	385	386	387	388	389	390	391	392	393	394	395	396	397	398	399	400	401	402	403	404	405	406	407	408	409	410	411	412	413	414	415	416	417	418	419	420	421	422	423	424	425	426	427	428	429	430	431	432	433	434	435	436	437	438	439	440	441	442	443	444	445	446	447	448	449	450	451	452	453	454	455	456	457	458	459	460	461	462	463	464	465	466
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MEDICATION ADMINISTRATION RECORD

STD01

[illegible]

CHARTING FOR

Physician Whitley
Alt. Physician

Alt. Physician

Allergies *N/A*

Diagnosis

Medicaid Number

Medicare Number

Complete Entries Checked

By:

Title

Date _____

PATIENT CODE

ROOM NO.

BED	FACILITY
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